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CONFIRMATION NO. 4929

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/828,661	04/21/2004 RULE	602	3772	014-30

APPLICANTS

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** CONTINUING DATA *****

None known

** FOREIGN APPLICATIONS *****

None known

IF REQUIRED, FOREIGN FILING
 LICENSE GRANTED ** 06/25/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Ray McClanahan
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TITLE

Orthotic foot care and platform method and apparatus

FILING FEE RECEIVED 518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Process Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other

		<input type="checkbox"/> Credit
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